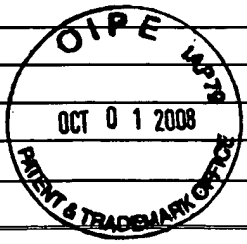




TRANSMITTAL FORM		Application Number		10/675,385			
(to be used for all correspondence after initial filing)		Filing Date		September 30, 2003			
		First Named Inventor		Jeyhan Karaoguz			
		Art Unit		2623			
		Examiner Name		Jorge Mendoza, Jr.			
Total Number of Pages in This Submission		5		Attorney Docket Number		15013US02	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal – 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
		Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm	McAndrews Held & Malloy, Ltd.						
Signature	<i>Michael T. Cruz</i>						
Printed Name	Michael T. Cruz						
Date	September 25, 2008						
CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>September 25, 2008</u> .							
Name (Print/type)	Michael T. Cruz			Registration No. (Attorney/Agent)		44,636	
Signature	<i>Michael T. Cruz</i>			Date	September 25, 2008		

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Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <h1 style="margin: 10px 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2008</h2>		Complete if Known	
		Application Number	10/675,385
		Filing Date	September 30, 2003
		First Named Inventor	Jeyhan Karaoguz
		Examiner Name	Jorge Mendoza, Jr.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2623
TOTAL AMOUNT OF PAYMENT (\$) 510		Attorney Docket No.	15013US02



METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ **Deposit Account** Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s)
 ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
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Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
_____ -20 or HP	_____ x _____ = _____					
HP = highest number of total claims paid for, if greater than 20						
_____ Indep. Claims	_____ Extra Claims	_____ Fee(\$)	_____ Fee Paid (\$)			
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)


	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Notice of Appeal</u>	<u>\$510</u>

SUBMITTED BY					
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	<u>44,636</u>	Telephone	<u>312-775-8000</u>
Name (print/type)	<u>Michael T. Cruz</u>	Date	<u>September 25, 2008</u>		

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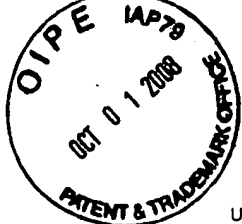
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SUBMITTED BY					
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	312-775-8000
Name (print/type)	Michael T. Cruz	Date	September 25, 2008		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/31 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)
15013US02

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Signature Michael T. Cruz
Typed or printed
name Michael T. Cruz

In re Application of

Jeyhan Karaoguz et al.

Application Number

10/675,385

Filed

September 30, 2003

For Third Party Media Channel Access in a Media Exchange
NetworkArt Unit
2623Examiner
Jorge Mendoza, Jr.Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 510.00☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ _____

☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of this sheet.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-0017. I have enclosed a duplicate copy of this sheet.☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.☐ assignee of record of the entire interest.See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)☒ attorney or agent of record.Registration number 44,636.☐ attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

Michael T. Cruz
Signature

Michael T. Cruz

Typed or printed name

312-775-8000

Telephone number

September 25, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of one (1) form is submitted.

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Docket Number (Optional)
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Signature Michael T. Cruz
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Signature

Michael T. Cruz

Typed or printed name

312-775-8000

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